

NEBRASKA VOCATIONAL REHABILITATION SERVICES
BENEFITS ORIENTATION CHECKLIST

BENEFICIARY INFORMATION	
Beneficiary Name:	Date of BPQY:
SSN:	Signed SSA Consent form(s) on file: <i>Yes</i> <i>No</i> <i>Consent signatures are valid for a period of 6 months</i>
Guardian/Payee:	Marital Status: Number of Dependents:

CURRENT BENEFITS RECEIVED

<input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Childhood Disability Benefit (CDB) <input type="checkbox"/> Disabled Widow(er) Benefit (DWB) <input type="checkbox"/> Auxiliary Benefits (<i>applicable to children</i>) <input type="checkbox"/> Medicare: Part(s) A____, B____, D____ <i>Check all that apply</i> <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid Waiver <input type="checkbox"/> AABD Cash Payment <input type="checkbox"/> TANF/ADC <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Telephone Assistance Program	<input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Private Disability Payments <input type="checkbox"/> Other Health Insurance COBRA, Employer or Spousal Employer coverage, etc.. List here: <input type="checkbox"/> Other
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EMPLOYMENT

<input type="checkbox"/> Earned Income (check if employed) ↳ Amount _____ per week month year	If employed, does the individual require: <input type="checkbox"/> Workplace Personal Assistance Services <input type="checkbox"/> Specialized or Modified Transportation Needs <input type="checkbox"/> Employment Supports (job coach, extra supervision, etc...)
<input type="checkbox"/> Self-Employed ↳ Amount _____ per month year (NESE)	

SSA WORK INCENTIVES

TITLE II (SSDI/CDB/DWB)	TITLE XVI (SSI)
<p>Most commonly used:</p> <p>Trial Work Period (TWP)</p> <p>↳ Months Used: _____</p> <p>Extended Period of Eligibility (EPE)</p> <p>↳ Start Date: _____ ↳ End Date: _____</p> <p>Impairment Related Work Expense (IRWE)</p> <p>Also includes:</p> <p>Subsidy & Special Conditions, Unsuccessful Work Attempt, Plan to Achieve Self-Support (PASS)*, Extended Medicare (ExM), Expedited Reinstatement of Benefits (ExR), Section 301, Ticket to Work</p>	<p>Most commonly used:</p> <p>Earned Income Exclusion (- \$20 GIE & - \$65 EIE)</p> <p>Continuation of Medicaid through 1619(b)</p> <p>Student Earned Income Exclusion (SEIE)</p> <p>Impairment Related Work Expense (IRWE)</p> <p>Also includes:</p> <p>Plan to Achieve Self-Support (PASS), Blind Work Expenses (BWE), Property Essential for Self-Support (PESS), Expedited Reinstatement of Benefits (ExR), Section 301, Ticket to Work</p>
<p>* A SSI incentive that can also be available to a Title II beneficiary.</p>	

		<u>Pre-Employment Plan Action:</u>	
VR Benefits Specialist	Date	<input type="checkbox"/> Orientation Completed	<input type="checkbox"/> Referred to NWII
		<u>Post-Employment Plan Action:</u>	
VR Benefits Specialist	Date	<input type="checkbox"/> Orientation Reviewed	<input type="checkbox"/> Referred to NWII

NOTES/COMMENTS:
